



**State of Vermont**  
**Vermont Department of Education**  
120 State Street  
Montpelier, VT 05620-2501

**State of Vermont**  
**Vermont Department of Health**  
108 Cherry Street  
Burlington, VT 05402

To: Superintendents, Principals, and School Nurses

From: Armando Vilaseca, Commissioner Vermont Department of Education  
Wendy Davis MD, Commissioner Vermont Department of Health

Re: School Health Screenings

Starting School year 2009/2010 requirements for health screenings of school age children are changing. There is a language change for Sec. 31. 16 V.S.A. § 1422 which reads as follows:

*Periodic hearing and vision screening of school-aged children shall be conducted by school districts and primary care providers pursuant to research-based guidelines developed by the commissioner of health in consultation with the commissioner of education. School districts and primary care providers will attempt to avoid duplicating services provided by the other and will share information as practicable and allowable by law<sup>i</sup>.*

This change is taking place to assure that all school health related screenings are aligned with current research and the best practice recommendations from the American Academy of Pediatrics<sup>ii</sup>.

The **ONLY** required, population based, school health screening is for hearing and vision. Below is a chart indicating what grades should be screened.

NO other population based screenings are required nor recommended in the school setting.

Screening	Grade													
	RQ= required													
	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
HEARING	RQ	RQ	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen	Do not screen	Do not screen	Do not screen	Do not screen	Do not screen	Do not screen
Visual Acuity	RQ	RQ	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen	RQ	Do not screen	Do not screen	RQ
Height	No population based screenings													
Weight														
Blood Pressure														
Scoliosis	Do Not Screen													

If you have questions please contact your local Department of Health regional school liaison. For a list of school liaisons click:

[http://education.vermont.gov/new/pdfdoc/pgm\\_health\\_services/doh\\_school\\_liaisons.pdf](http://education.vermont.gov/new/pdfdoc/pgm_health_services/doh_school_liaisons.pdf)

- <sup>i</sup> H.427; An act relating to making miscellaneous amendments to education law Sec. 31. 16 V.S.A. § 1422,  
<http://www.leg.state.vt.us/docs/2010/bills/Passed/H-427.pdf>

- <sup>i i</sup> Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, 3<sup>rd</sup>. edition American Academy of Pediatrics, 2008  
[http://brightfutures.aap.org/3rd\\_Edition\\_Guidelines\\_and\\_Pocket\\_Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html)

The Vermont Statutes Online, Title 16: Education; Chapter 5: Commissioner of Education, sec. 216: Wellness program

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=005&Section=00216>

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To: School Nurses  
Cc: School Principals

From: Breena Holmes, M.D  
Pediatrician Burlington, VT  
American Academy of Pediatrics  
Executive Committee National Committee on School Health  
Licensed K-12 Health Educator, Middlebury Union High School

Date: May 28, 2009

RE: Body Mass Index Screening in Schools

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The Vermont Department of Health is encouraging schools to look at current practices of surveillance and screening of BMI of all children. This document seeks to clarify the health department's position on this optional practice and to provide a framework for schools in the future.

Traditionally, schools have used BMI data collection for surveillance of a community's health status and for screening individual students to identify anyone at risk for health concerns. We will address these practices separately.

Regarding surveillance, statewide and community specific data about weight is available to all districts through the Youth Risk Behavior Survey conducted in Vermont schools. This biannual survey includes questions about nutrition and physical activity. We encourage schools to use these data as needed for state and federal grant writing and for a coordinated school health team's need assessment.

Regarding the school wide screening, there are several reasons for schools to reconsider their current practice of collecting BMI data on all students yearly. First, there is little evidence that this data collection in the school setting impacts a student's weight problem. Best practice for health promotion and behavior change in the area of weight management is currently under review. Secondly, school nurses have limited time and resources for this work-intensive screening. This time could be better spent linking individual students to medical homes for measurement, diagnosis and follow up. Thirdly, there is the potential for misunderstandings between the school, the student and the caregivers when BMI information is shared without communication and follow up with the medical home.